











<p>TODAY:</p>	<p>NEXT CALL:</p>	<p>ZOOM/CALL/FT</p>	<p>WORD:</p>	<p>Y  Y  YB</p>	<p>TODAY:</p>	<p>NEXT CALL:</p>	<p>ZOOM/CALL/FT</p>	<p>WORD:</p>	<p>Y  Y  YB</p>	<p>Y  Y  YB</p>	
<p>ASK/FOCUS:</p>			<p>ASK/FOCUS:</p>			<p>M  M  MB</p>			<p>M  M  MB</p>		
<p>TODAY'S CALL NOTES</p>						<p>TODAY'S CALL NOTES</p>					
<p>COACH MD TO DO/NEXT STEPS</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>CA TO DO/NEXT STEPS</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>						<p>COACH MD TO DO/NEXT STEPS</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>CA TO DO/NEXT STEPS</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>					